

**APPLICATION FOR PLAN REVIEW
SEMINOLE COUNTY
DEVELOPMENT REVIEW DIVISION**

APPLICANT INFORMATION:

Applicant: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () - Ext. FAX: () - email: _____

CONSULTANT INFORMATION:

Engineer / Surveyor: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () - Ext. FAX: () - email: _____

OWNER INFORMATION:

Owner: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () - Ext. FAX: () - email: _____

SITE INFORMATION

PARCEL ID# - - - - - - - - **BCC District** _____

Project Name: _____

Address/Location: _____

New Construction: Sq. ft. of All New Impervious Surfaces (i.e. Building & Surface Areas) _____

NOTE: To calculate your fee please **ROUND NEW IMPERVIOUS TO 2 DECIMAL POINTS** \$ _____

Square Feet of New Building Only _____

Existing Conditions: square footage of Existing Impervious Surfaces _____

Current Zoning: _____ Total Parcel Area: _____ acres Total Buildable Area: _____ acres
(Excluding wetlands & flood prone areas)

For Dredge/Fill activities: _____ acres of wetlands **on site** with _____ % of wetlands impacted

Intended Use of Property: _____

Source of water and sewer: _____
(Name of utility company or onsite well or septic)

SUBDIVISION Plan Submittal (ONLY): *check submittal type*

☐ Development Plan ☐ Preliminary Plan ☐ Final Engineering ☐ Final Plat ☐ Minor Plat

Total number of proposed lots: _____ *check one:* ☐ Private Road ☐ Public Road

I understand that the application for site plan review must include all required submittals as specified in Chapter 40, Part 4, of the Seminole County Land Development Code. Submission of incomplete plans may create delays in review and plan approval. The review fee provides for two plan reviews. Additional reviews will require an additional fee.

Applicant's Signature _____ Printed Name _____ Date _____

IN THE EVENT AN APPLICANT DECIDES TO WITHDRAW THEIR APPLICATION AFTER IT HAS BEEN SUBMITTED, SEMINOLE COUNTY WILL ASSESS THE REFUND AMOUNT BASED ON THE VALUE OF THE SERVICES RENDERED.

FOR OFFICE USE ONLY

DATE IN _____ PROJECT NO.: _____ PROJECT MANAGER: _____

SITE PLAN: ☐ Regular ☐ Small Site ☐ Express ☐ Dredge/Fill